



State of Maryland Behavioral Health Advisory Council

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary, DHMH

MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL (BHAC)

Minutes

January 19, 2016

Maryland Behavioral Health Advisory Council Members Present:

Makeitha Abdulbarr, Barbara L. Allen, Robert Anderson for Michael Ito, Barbara J. Bazron, Dori S. Bishop, Karyn M. Black (by phone), Lori Brewster (by phone), Kelby Brick, Mary Bunch, Laura Cain, Kenneth Collins (by phone), Jan A. Desper Peters, Catherine Drake, Kate Farinholt, Robert Findling (by phone), Ann Geddes, Lauren Grimes, Shannon Hall, Christina Halpin, Dayna Harris, Virginia Harrison, Japp Haynes, IV, James Hedrick, Joel E. Klein, Kristina A. Kyles-Smith for Penelope Thorton Talley, Sharon M. Lipford, The Hon. George Lipman, Theresa Lord, Dan Martin, Dennis L. McDowell, Randall S. Nero for Stephen T. Moyer, The Hon. Dana Moylan Wright, Kathleen O'Brien, Yngvild Olsen, Mary Pizzo, Charles Reifsnider, Keith Richardson, Catherine Simmons-Jones, Janice Stern for The Hon. Addie Eckardt, Brandi Stocksdales, Tracey Webb, Ellen M. Weber, John Winslow, Phoenix Woody

Maryland Behavioral Health Advisory Council Members Absent:

Anne Blackfield, Sara Cherico-Hsui, Elaine Hall, Carlos Hardy, The Hon. Antonio Hayes, Gayle Jordan-Randolph, Jonathan Martin, Michelle Wojcicki

BHA Staff Present:

Cynthia Petion, Erik Roskes, Kathleen Rebbert-Franklin, Rachael Faulkner, Robin Poponne, Hilary Phillips, Larry Dawson, Nicolle Birckhead, Leslie McMillan, Dionna Witherspoon, Thomas Merrick, Richard Ortega, Lori Mannino, Greta Carter

Guests and Others:

Robert Axelrod, Kaiser Permanente;
Lori Rugle, Maryland Center of Excellence on Problem Gambling;
Sheena Siddiqui, Maryland Hospital Association;
Regina Allen-Clayburn, Tuerk House, Inc.

c/o Behavioral Health Administration

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INTRODUCTIONS/ADOPTION OF MINUTES

Yngvild Olsen, M.D. (Chair) and Dan Martin Esq. (Vice-Chair), the newly elected officers of the Maryland Behavioral Health Advisory Council were announced.

The meeting was called to order by Yngvild Olsen, M.D. (Chair). Attendees introduced themselves. The Maryland Behavioral Health Council minutes from the November 17, 2015 meeting were approved. Please note that the approved minutes will be posted on the Behavioral Health Administration's (BHA) Web site at <http://bha.dhmmh.maryland.gov/Pages/Maryland-Behavioral-Health-Advisory-Council.aspx>

Barbara Bazron, Ph.D., the newly appointed Executive Director of the Behavioral Health Administration was introduced.

Special Announcements

Robin Poponne, from BHA's Office of Planning, reminded the committee of attendance requirements for members. Attendance records are reviewed every six months and will be submitted to DHMH and the Governor's Office of Appointments in January. Reminders to members who have missed meetings will be sent when necessary.

Robin also reported on designated parking and new parking restrictions for the lot outside of the Dix Building. Please beware of signs to avoid citations.

Annual Report

The Annual Report which highlights the activities of the former Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council and The Maryland State Drug and Alcohol Abuse Council, was completed in December, 2015. Additionally, the Annual Report includes the current activities that led to the development of the newly established Maryland Behavioral Health Advisory Council. In the future, Annual Reports will be developed by the council and submitted to the Governor every year by January. A copy of the Annual Report can be found on the Web site at the Behavioral Health Advisory Council link.

Certified Community Behavioral Health Clinic (CCBHC) Planning Grant

Daryl Plevy, Deputy Director of Operations at the BHA, provided an update on the CCBHC Grant. The Maryland Department of Health and Mental Hygiene's Behavioral Health Administration working in concert with the Maryland Medical Assistance Program was successful in being awarded a grant from the Substance Abuse and Mental Health Services Administration for "2016 Planning Grants for Certified Community Behavioral Health Clinics (Short Title: CCBHCs Planning Grants)." The purpose of this program is to support states to certify clinics as certified community behavioral health clinics (CCBHCs), establish prospective payment systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a two year demonstration program. Populations to be served are adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders. The overall goal is to evaluate demonstration programs in up to eight states that will establish CCBHCs according to specified criteria that will make them eligible for enhanced Medicaid funding through the PPS.

SAMHSA is working collaboratively with the Centers for Medicare and Medicaid Services (CMS) and the Assistant Secretary for Planning and Evaluation (ASPE) to implement Section 223. (Planning Grants for CCBHCs are authorized under the Protecting Access to Medicare Act of 2014 Section 223© (1).) ASPE will direct the national evaluation of the demonstration program.

The awarding of the CCBHCs Planning Grant is the first phase of a two-phase process. Phase I provides funds for one year to states to certify community behavioral health clinics, establish a PPS for Medicaid reimbursable behavioral health services provided by the certified clinics, and prepare an application to participate in a two-year demonstration program. CCBHC Planning Grantees must use the criteria provided by SAMHSA to certify clinics in their states and follow the guidance provided throughout the process.

Up to eight states of the twenty four states participating in the CCBHC Planning grants will be selected to participate in Phase II, the demonstration program. The eight selected states will bill Medicaid under an established PPS approved by CMS for behavioral health services provided to individuals eligible for Medical Assistance under the Maryland Medicaid Program. Additional information about the CCBHC can be found at the following link:

<http://dhmh.maryland.gov/bhd/Pages/Certified-Community-Behavioral-Health-Clinics0112-585.aspx>

Additionally, Ms. Plevy highlighted that during the planning stage, Maryland will select two CCBHCs, one in a rural setting and the other in an urban setting. Ms. Plevy will provide regular updates to members of the BHAC throughout the planning stage.

COUNCIL BUSINESS

Discussion of BHAC By-laws

A draft of the Behavioral Health Advisory Council (BHAC) By-laws were discussed and the council voted on corrections and several changes. Changes included the addition of Article I: Guiding Principles. The by-laws will be redrafted based on these changes. A decision was made to revise the committee structure in the following ways:

- ***Executive Committee***

The Executive Committee shall be composed of the Chairperson, Vice Chairperson, Committee, and Ad Hoc Committee Chairpersons. The Executive Committee shall meet as needed. The Executive Committee responsibilities include, but are not limited to, preparing, reviewing or approving testimony or other public presentations/documents/reports submitted on behalf of the Council when sufficient time does not permit review and approval of the entire Council and timing is of critical importance, etc. Another duty of the Executive Committee will be to develop and identify directives and initiatives for the work of standing and ad hoc committees, as well as provide oversight, when needed, to ensure that each committee of the Council completes assigned special projects.

- ***Planning Committee***

The Planning Committee will address efforts that comply with the Federal Mental Health Block Grant (MHBG) requirement. The duties of this committee include participation in a yearlong planning process comprised of development, review, and final recommendation of the Maryland Behavioral Health Plan and Federal Mental Health Block Grant Application which may be used to inform special projects. The committee shall also identify focus areas/issues to be monitored and make recommendations to the Council. Also, the Committee shall participate in the development of the Annual Report, which summarizes the activities, priorities, and recommendations of the Council and is submitted to the Governor annually. On an ongoing basis, the Planning Committee will give input to identify work groups and targeted projects for the Lifespan Committee and, as needed, give input toward the action plans of ad hoc committees and/or special studies/workgroups committees to ensure they are in concert with the Behavioral Health Administration's goals and priorities.

- ***Prevention Committee***

This committee will address efforts that comply with the Federal Substance Abuse Block Grant (SABG)/Strategic Prevention Framework Grant (SPFG) which is currently in phase 2 which began in September, 2015 and ends on September, 2020 at 1.6 million per year. The focus during the second phase of the initiative is to prevent and reduce underage drinking and youth binge-drinking. The prevention committee will serve as Maryland's required Strategic Prevention Framework Advisory Committee (SPFAC), a requirement for Strategic Prevention Framework grants from SAMHSA for monitoring progress and strengthening the initiative by making recommendations to the BHA if needed. Additionally, the duties of this committee include providing guidance and advocacy in the areas of Prevention across the lifespan. This may include areas such as substance-related prevention, suicide prevention, and addictive behaviors such as gambling. This committee may examine data, research, identify risk factors, evidence-based resources, and make recommendations or suggest strategies to the Behavioral Health Administration as appropriate and/or as elements for further study.

Additionally, the council voted on the following Ad Hoc Committees:

- ***Lifespan Committee I: Children, Young Adults, and Families***

The duties of this committee will be to identify recommendations for the development of strategies and initiatives, including evidence-based practices that are important for a comprehensive system of care of behavioral health services and supports for children, young adults and families.

- ***Lifespan Committee II: Adults and Older Adults***

The duties of this committee will be to identify recommendations for the development of strategies and initiatives, including evidence-based practices that are important for a comprehensive system of behavioral health services and supports for adults and older adults.

- ***Public Awareness Committee***

This committee will focus on efforts that promote and raise awareness and understanding of behavioral health issues, treatment, wellness, community education, and stigma. The

duties of this committee will be to identify recommendations and strategies that foster the development of public education campaigns, improving knowledge about how to access treatment and support services.

- ***Cultural and Linguistic Competence Committee***

The primary objective of the Cultural and Linguistic Competence Committee will be to assist the Council in its role of gathering and disseminating information about the role culture plays in the delivery of behavioral health services in the behavioral health system. The Cultural Competence and Linguistic Committee will generate recommendations and concepts that will facilitate the development of cultural and linguistic competence and culturally responsive services important for the behavioral health system, providers, and communities across the state. Recommendations and concepts generated by the Cultural and Linguistic Competence Committee will be general and will also make reference to specific cultural groups and communities across the state of Maryland. The recommendations and concepts made by this Committee will be used to shape and inform strategies that are part of state, federal, and local planning processes.

- ***Criminal Justice/Forensics Committee***

The purpose of this committee is to advise the Administration “regarding the delivery of behavioral health services to individuals who are involved with the criminal and juvenile justice systems, including those who are court-ordered to the Department of Health and Mental Hygiene for evaluation or treatment relative to competency to stand trial or criminal responsibility, and those who have a psychiatric or co-occurring disorder and are incarcerated or are at risk of incarceration in jails and detention centers.”

- ***Certified Community Behavioral Health Clinic (CCBHC) Planning Grant Committee***

It was decided that an ad hoc committee would be helpful to the planning and demonstration process part of the CCBHC Planning Grant for which stakeholder input is required. It was noted that there should be no conflict of interest for councilmembers who volunteer for this ad hoc committee.

Council members were asked to volunteer to Chair or Co-Chair the Council committees and names were submitted to staff support, Ms. Greta Carter, and reviewed with council officers.

Meeting Adjourned